

California – Child and Family Services Review Signature Sheet

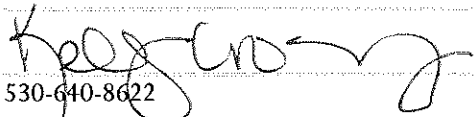
For submittal of: CSA ☐

SIP ☒


Progress Report ☐

County	Modoc
SIP Period Dates	2014 - 2019
Outcome Data Period	2011-2013

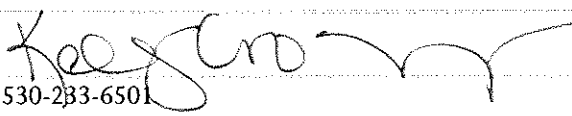
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Board of Supervisors (BOS) Signature

BOS Approval Date	1/27/2015
Name	KATHIE ALVES
Signature*	

Mail the original Signature Sheet to:

*Signatures must be in blue ink

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CBCAP Liaison	Name	
	Agency	
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	Agency	
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13. a. CONSIDERATION/ ACTION: Request Board of Supervisors signature and approval of Modoc County Self Improvement Plan (SIP). (Social Services & Probation Department)

Motion by Supervisor Byrne, seconded by Supervisor Wills for the approval of Modoc County Self Improvement Plan (SIP) and for the Chairman of the Board to sign.

Motion passed unanimously.

STATE OF CALIFORNIA

COUNTY OF MODOC

I, Amber M. Mason, Deputy Clerk of the Board of Supervisors in and for the County of Modoc, State of California, do hereby certify that the above and foregoing is a full, true and correct copy of an ORDER as appears on the Minutes of said Board of Supervisors dated January 27, 2015 on file in my office.

WITNESS my hand and the seal of the Board of Supervisors this 11th day of February 2015.



Amber M. Mason
Deputy Clerk of the Board

California - Child and Family Services Review

System Improvement Plan

2014-2019



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Background - Child and Family Services Review

In 1994, amendments to the Social Security Act (SSA) authorized the U.S. Department of Health and Human Services (HHS) to review state child and family service programs' conformity with the requirements in Titles IV-B and IV-E of the SSA. In response, the Federal Children's Bureau initiated the Child and Family Services Reviews (CFSR) nationwide in 2000. It marked the first time the federal government evaluated state child welfare service programs using performance-based outcome measures in contrast to solely assessing indicators of processes associated with the provision of child welfare services. California was first reviewed by the Federal Health and Human Services Agency in 2002 and began its first round of the CFSRs in the same year. Ultimately, the goal of these reviews is to help states achieve consistent improvement in child welfare service delivery and outcomes essential to the safety, permanency, and well-being of children and their families.

California Child and Family Services Review (C-CFSR)

The California Child and Family Services Review (C-CFSR), an outcomes-based review mandated by the Child Welfare System Improvement and Accountability Act (Assembly Bill 636), was passed by the state legislature in 2001. The goal of the C-CFSR is to establish and subsequently strengthen a system of accountability for child and family outcomes resulting from the array of services offered by California's Child Welfare Services (CWS). As a state-county partnership, this accountability system is an enhanced version of the federal oversight system mandated by Congress to monitor states' performance, and is comprised of multiple elements.

Quarterly Outcome and Accountability Data Reports

The California Department of Social Services (CDSS) issues quarterly data reports which include key safety, permanency and well-being outcomes for each county. These quarterly reports provide summary-level federal and state program measures that serve as the basis for the C-CFSR process and are used to track performance over time. Data are used to inform and guide both the assessment and planning processes, and are used to analyze policies and procedures. This level of evaluation allows for a systematic assessment of program strengths and limitations in order to improve service delivery. Linking program processes or performance with federal and state outcomes helps staff to evaluate their progress and modify the program or practice as appropriate. Information obtained can be used by program managers to make decisions about future program goals, strategies, and options. In addition, this reporting cycle is consistent with the notion that data analysis of this type is best viewed as a continuous process, as opposed to a one-time activity for the purpose of quality improvement.

County Self-Assessment and Peer Review

The County Self-Assessment (CSA) is a comprehensive review of each county's Child Welfare Services (CWS) and the Probation Department's youth in care and affords an opportunity for the quantitative analysis of child welfare data. The purpose of the CSA is to comprehensively assess the full array of child welfare and probation programs from prevention and protection through permanency and aftercare. The CSA is the primary means by which counties determine the effectiveness of current practice, programs and resources across the continuum of child welfare and probation placement services and identifies areas to target for system improvement. Since 2010, the California Department of Social Services Office of Child Abuse Prevention has been integrated into the C-CFSR process and information is given regarding the use of CAPIT/CBCAP and/or PSSF funds to divert children and families from entering the child welfare system. These funds support the County providing a continuum of services for children and families with an emphasis on prevention and early intervention. Embedded in this process is the Peer Review (PR), formerly known as the Peer Quality Case Review (PQCR). The design of the PR is intended to provide counties with issue-specific, qualitative information gathered by outside peer experts. Information garnered through intensive case worker interviews and focus groups helps to illuminate areas of program strength, as well as those in which improvement is needed.

In January 2014, Modoc County held its Peer Review as part of the CSA process. Though Modoc County Child Welfare Services retains overall accountability for conducting and completing this assessment, the process also incorporates input from various child welfare constituents and reviews the full scope of child welfare and juvenile probation services provided within the county. The CSA is developed every five years by the lead agencies in coordination with their local community and prevention partners, whose fundamental responsibilities align with CWS' view of a continual system of improvement and accountability. The CSA includes a multidisciplinary needs assessment to be conducted once every five years. Largely, information gathered from both the CSA and the PR serves as the foundation for the County System Improvement Plan.

System Improvement Plan

After incorporating data collected through the PR and the CSA, the next component of the C-CFSR is the System Improvement Plan (SIP). The SIP serves as the operational agreement between the county and state, outlining how the county will improve its system to provide better outcomes for children, youth and families. The SIP includes a coordinated service provision plan for how the county will utilize prevention, early intervention and treatment funds (CAPIT/CBCAP/PSSF) to strengthen and preserve families, and to help children find permanent families when they are unable to return to their families of origin. Quarterly county data reports, quarterly monitoring by CDSS, and annual SIP Progress Reports are the mechanism for tracking a county's progress. The SIP is developed every five years by the lead agencies in collaboration with their local community and prevention partners. The SIP includes specific action steps, timeframes, and improvement targets and is approved by the Board of

Supervisors (BOS) and CDSS. The plan is a commitment to specific measurable improvements in performance outcomes that the county will achieve within a defined timeframe, including prevention strategies. Counties, in partnership with the state, utilize quarterly data reports to track progress. The process is a continuous cycle and the county systematically attempts to improve outcomes. The SIP is updated yearly and thus, becomes one mechanism through which counties report on progress toward meeting agreed upon improvement goals.

Modoc County has experienced drastic internal changes in the last several years, which represented a challenge in developing a strong leadership team for the C-CFSR process in Modoc County. These changes have impacted the entire community and service array for children and families in Modoc County. Due to administrative changes, many of the collaborative networks that were in place in the county were not utilized in the last year and a half. These included the following:

- Strengthening Families Program
- Juvenile Delinquency Court
- Healthy Beginnings
- Family Wellness Court
- Katie A Implementation Team
- Community Collaborative

Since November 2013 it has been the goal of Social Services to reestablish new collaborative networks that are positive for clients. Recently, Family Wellness Court, Healthy Beginnings, and Katie A. Implementation Team have been re-implemented and a representative from Child Welfare participates in Juvenile Delinquency Court and Community Collaborative. As a whole, Modoc County Department of Social Services is in a rebuilding stage resulting in new organization of the organizational chart, hiring staff and training all staff. It is the goal of Child Welfare at this time to not only train staff on the Division 31 mandated requirements but reorganizing the department so there are checks and balances implemented to ensure that not only work that is performed is recorded within the CWS/CMS system but that one person in the department is responsible for monitoring CWS outcomes.

Modoc County Probation Department has had leadership that that has not changed but it has been identified that they are understaffed. More support staff and probation officers are needed for visiting children in out of home detention or placement. This problem has increased recently due to the loss of the only juvenile probation officer who had over five years' experience.

Due to being in such a rebuilding process as a county, it was determined that in lieu of holding separate stakeholder meetings, the county would utilize each of the above referenced planning or collaborative meetings to review SIP goals and build a new system as holistically as possible,

making the best use of existing time and resources. There has been extensive stakeholder input on the development of the SIP throughout the CSA and PR process in these meetings and this quality assurance process will continue through the ongoing data and program reviews in the SIP Progress Report process as well.

SIP Narrative

C-CFSR TEAM AND CORE REPRESENTATIVES

C-CFSR TEAM

The Modoc County 2014 C-CFSR Team Included:

Monica Seevers, Assistant Chief Probation Officer, Modoc County Probation Department

Carole McCulley, Social Worker Supervisor II, Modoc Department of Social Services

Samantha Sabala, Program Manager, CDSS

Christina Hoerl, Social Services Consultant III, CDSS

Barbara Ricciuti-Colombo, Social Services Consultant III, CDSS

Mary DeSouza, Social Services Consultant III, Office of Child Abuse Prevention

In addition to the representatives listed above, the CSA and SIP process sought to involve a wide variety of service providers and other community stakeholders in the events leading up to the CSA and SIP completion. The listing of all stakeholders asked to be a part of this process is listed in the section that follows.

Core Representatives

In collaboration with the C-CFSR team, service providers and community stakeholders within and surrounding Modoc County were included to provide input on the SIP.

Stakeholders:

Kelly Crosby, Interim Director of Department of Social Services

Tara Shepard, Modoc County Behavioral Health, Co- Director

Judge Francis W. Barclay, Modoc Superior Court, Judge

Elias "Leo" Fernandez, Jr., Modoc County Probation Department, Chief Probation Officer

Jessica Fredrick, T.E.A.C.H. Inc., CASA and Child Abuse Prevention Coordinator

Carol Callaghan, T.E.A.C.H. Inc., Parents Plus, Crisis Center and ILP Services

Michael Traverso, Modoc County Behavioral Health, Clinical Supervisor

Karen Stockton, Director of Modoc County Behavioral Health

Elizabeth Varney, Modoc Superior Court, Drug Court Coordinator

The ICWA coordinator for the Cedarville Rancheria was contacted and engaged in the initial process of the CSA and input was given by this Paiute tribe. Recently three members of their governing board as well as their tribal administrator were murdered. Also, two other members of the board were severely injured and multiple tribal members were witnesses. As a result of these recent events, the tribe is grieving while trying to manage regular business. These events have had a significant impact within the tribe as well as our small community and Modoc Child Welfare. Due to this tragedy, the Tribes were not as actively involved in the SIP planning process, but it is the goal of Modoc County Child Welfare and Probation to not only work with the Cedarville Rancheria but also engage other local tribes and build a collaborative relationship in the future in the annual review process.

Additional Participants

Christina Wilson, Healthy Beginnings, CHDP Program, Public Health Nurse

Tanya Shultz, Maternal Child Adolescent Health

Regional Training Academy [Nancy Hafer-UC Davis Northern Training Academy, Jessica Iford-UC Davis Northern Training Academy]

Katie A Collaborative Team: Including collaboration between Behavioral Health Clinicians as well as Child Welfare Social Workers Tara Shepherd, BH Deputy Director; Karen Stockton, HS Director; Alisha Romesha, BH Clinician; Debbie Bagwell, CWS Social Worker; Cathy Sanchez, CWS Social Worker; Michael Traverso, BH Clinician Supervisor; Christopher Chinn, BH Clinician; Justin Mason, CWS Social Worker; Tom Sandage, CWS Social Worker; Carole McCulley, CWS Social Worker Supervisor II; Dolores Navarro Turner, BH Clinician

Family Wellness Court: Members include Elias Fernandez, Chief Modoc County Probation; Judge David A. Mason, Modoc Superior Court Judge; Alisha Romesha, BH Clinician; Christina Wilson, Public Health Nurse; Yvonne Duran, Strong Family Health Center (Cedarville Rancheria); Jessica Fredrick, TEACH Inc.

Maternal Child Adolescent Health MCAH: Amanda Hoy, Executive Director, First 5 Modoc; Meghanne MacDonnell, Cal WORKS, Janna Bennett, Public Health; Carol Callaghan, TEACH, Inc.; Holly Stains, Public Health; Carole McCulley, CWS Social Worker Supervisor II; Bill Hall, Public Health; Stacy Sphar, Public Health; Christina Wilson, Public

Health; Karolyne Breiner, Early Head Start; Mikele Picott, Public Health; Tanya Schulz, Public Health

Treatment Court Steering Committee (Prop 36): Tara Shepherd, Behavioral Health Deputy Director; Liz Varney, Collaborative Treatment Courts Coordinator; Elias Fernandez, Jr. Chief Probation Officer; Fritz Barclay, Superior Court Judge; Carol Callaghan, Director, TEACH, Inc.; Karen Stockton, Director, Health Services; Carole McCulley, CWS Social Worker Supervisor II, Child Welfare Services; David Mason, Superior Court Judge; Sam Kylo, Public Defender; Sarah Myers, Behavioral Health Specialist III; Sophia Meyer, Asst. District Attorney

To engage and collaborate with local agencies in the SIP planning process, Child Welfare Services staff attended the Maternal Child Adolescent Health (MCAH), Healthy Beginnings, and KATIE A meetings and discussed the implementation of the proposed SIP Strategies of Safety Organized Practice (SOP) and Differential Response (DR). These discussions included implementation as well as upcoming trainings. These topics were also discussed with TEACH Inc., Nurturing Parenting Program and Healthy Beginnings Program. TEACH Inc. and Healthy Beginnings are interested in providing Nurturing Parenting skills to families that will be referred to them by Child Welfare.

Additionally, there have been multiple meetings brainstorming how the programs will come together to serve families that could benefit from preventative services.

Several attempts were made to engage previous child welfare foster care youth who had successfully transitioned out of the foster care system during the 2013 CSA process but they declined to participate. The two former youth that agreed to participate have moved out of the area and we were not able to connect with them again with the contact information we had. The Stakeholders who were not present at the meeting were identified and asked the same questions later in separate individual meetings. These stakeholders included:

Nicki Munholand, ICWA Representative for the Cedarville Rancheria

Misti Norby, Modoc County Office of Education, FYS

1 Parent of In-Care Probation Youth

1 In-Care Youth

1 Foster Parent

Prioritization of Outcome Data Measures/Systemic Factors and Strategy Rationale

Child Welfare and Probation collaborated to identify their stakeholders within the community. The agencies identified the Modoc County Treatment Court Steering Committee as the best forum for engaging the majority of stakeholders within Modoc County to hold a stakeholder meeting. On January 16, 2014, the monthly committee meeting convened. Child Welfare and

Probation solicited stakeholder input on prevention, reunification services, teaming and collaboration, and foster care reentry.

The CDSS C-CFSR team attended the meeting via teleconference and provided the Stakeholders a brief overview of the CSA and SIP.

During this meeting Stakeholders were provided an agenda and questionnaire to solicit their feedback. The questions that were provided to the Stakeholders included:

Prevention

1. What are some of the issues facing the children/youth in Modoc County that bring them to the attention of Child Welfare or Juvenile Probation? (Domestic violence, poverty, and neglect) What services in the community assist to prevent families from entering the Child Welfare or Juvenile Justice System? What services are needed, but missing?

Reunification Services

2. What reunification services are working well for children/youth and families?
3. Discuss the barriers or challenges that children/youth and families have had in receiving services that meet their needs.

Teaming and Collaboration

4. As service providers, how have we ensured multi-agency teaming and collaboration? What are the barriers to successfully working together? What are your suggestions for improving multi-agency collaboration?

Foster Care Reentry

5. What services/supports are available to families after children/youth return home, to prevent re-entry into foster care/probation placement? Are there services gaps?

Can you provide an example, or examples, of situations in which at risk families were successful in avoiding re-entry? What were the major themes of these success stories?

Major themes that emerged from discussions and the questionnaire:

- Modoc Child Welfare: improve their Department with utilizing SOP, Team Decision Making and DR.
- As a group: improve and utilize the referral forms to their agency such as Behavioral Health (Mental Health and Alcohol and Drug evaluations), TEACH Inc.(Parents Plus, CASA, ILP Services and Crisis Center), Public Health (Healthy Beginnings),
- The Modoc County Child Abuse Prevention Counsel was identified as a place that allowed agencies to collaborate about prevention services provided to clients. There

needs to be improvements in the implementation and monitoring but the community benefitted from the counsel.

- There is a need for everyone to speak the same language to ensure the clients are not receiving false information. This includes each department understanding each other's timelines and programs.
- It has been determined a "warm handoff" followed with a referral, benefits the client and ensures more timely services.
- Improve communication between clinics, Public Health Nurses and Child Welfare in regards to the CHDP requirements.
- There is a high need for Probation Foster Care and Group Home placement options and Juvenile Hall housing.
- Services that are implemented need to continue after duration of the Probation or Child Welfare case.
- There is a high need for Foster Care placements in Modoc County.
- Finding and keeping qualified professionals to maintain programs is a challenge.

In summation there was one constant reoccurring theme identified as a both a strength and an area in need of improvement. This would be that in the past Modoc County have had strong collaborating networks. These collaborative networks included Family Wellness Court, Strengthening Families, Child Abuse Prevention Counsel, Healthy Beginnings, Community Collaborative and Maternal Child and Adolescent. These collaborative networks were not utilized during the last year and half due to administrative changes. Many Stakeholders felt that if the collaborative network is rebuilt with programs that are mentioned above this negative will quickly become a positive. This would allow each individual agency to service their individual populations at a higher level allowing for fewer gaps in services and to also enhance the quality of services.

After analyzing and reviewing feedback from our stakeholders, the specific outcomes that were reviewed and chosen for focus in the SIP 2014-19 are as follows:

Child Welfare Focus Area(s)

(1) S1.1 No Recurrence of maltreatment

There have been many changes within the Modoc Child Welfare Department since the last C-CFSR cycle, primarily administration and philosophy changes as well as a lack of available services. As a result the overall data during the current cycle has fluctuated. There are multiple factors which caused Modoc County to fall below the national

average during 3 of the last 5 quarters for which data is currently available. The major factor is that there has been a lack of services available to clients while engaged in the department's voluntary or court ordered case plan. This is due to the suspension of multiple collaborative networks that worked together to serve clients as a whole. Also, the Child Welfare system is set up to connect clients with services and service providers maintain in a client's life after their child welfare case is dismissed. There was a time period that clients were not being referred to services that help implement change and families did not receive the services necessary to stabilize situations or determine that children were not at risk anymore. Therefore the recurrence of maltreatment has fluctuated in Modoc County.

Another key factor that affects this measure is that every referral that enters the Child Welfare Department is entered into the system, even if a child is already in a CWS case. It has been reported that in the past that if a family was already engaged in a case and a new allegation of child abuse was reported it would not be entered as a new referral. Now each referral, even if already engaged in a case, is entered into the system and either evaluated out or investigated to determine the disposition. If the new allegation of child abuse is substantiated, it is then presented to the court as a subsequent or supplemental petition (Welfare & Institutions Code, 342 or 387).

The County intends to use DR as a primary strategy to address this outcome area in hopes that access to services for a graduated response, such as front end prevention programs, would allow for a lower level response for families in crisis. This would likely reduce the number of families that enter or re-enter the system.

(2) C1.4 Re-entry following reunification

Reentry Following Reunification is an area of critical concern for Modoc County CWS and was the focus of the 2014 Peer Review. Data analysis spanning the time period from Modoc County's last County Self-Assessment (June 2009) to December 2013, reveals that Modoc County CWS data has fluctuated in this outcome measure. Quarter 3 2008 data shows a performance of 22.2% (4 out of 18 children) and Quarter 3 2013 data shows a performance of 0% (0 out of 3 children).

Though the county performed above the national goal in 2012, such small data sets and huge changes in staff and leadership have presented a challenge for the county in maintaining performance in this area. A single family or larger sibling set can significantly change the outcomes for a given time period. As such, the County would like to choose Re-entry as one of its focus areas to look at strategies that will help to prevent entry and re-entry, further stabilizing this outcome area. The County intends to use SOP as a primary strategy to address this outcome area.

Probation Focus Areas

(1) C1.3 Reunification within 12 Months (Entry Cohort)

In looking at its performance around reunification, Probation found several areas where practice changes could positively impact the timeliness for returning youth home. First, increasing structure, training and policies around the use of family finding would help to improve the number of youth who are placed with family or the number of supportive family members that can be identified to support the family. Furthermore, the use of additional engagement efforts, some basic tools and court direction would help Probation officers to complete required Juvenile Court forms that would help the youth to be detained in or released to a less restrictive environment. The third area that could be impacted is the use of increased family engagement in the planning and provision of mental health services to youth, including counseling, AODS treatment, and other behavioral supportive services. The use of Family Team Meetings (FTMs), in conjunction with the Child and Family Team (CFT, as outlined under the Katie A manual) meetings already being used for Katie A. could serve to provide better service provision to these youth and engaging families in the case planning without creating another separate mechanism.

(2) 4B Least Restrictive Placement (Point in Time, Relative)

By targeting the family engagement efforts of family finding, Probation can target family members as placement options, supporting the goal on maintaining the least restrictive placements. Additionally, targeting the supportive services offered to help youth in placement while engaging families in the planning for these services should also help support maintaining the least restrictive placements.

However, past practice with Family Unity meetings, which were the former name for FTM for probation clients, has been unsuccessful for a variety of reasons; either parents are unwilling to engage in the process and or divulge names and whereabouts of extended family members. In addition, the parents, and often the extended family members are themselves unwilling and or incapable of properly supervising the youth due to their own criminality, lack of parenting type skills, or due to the nature of the youth's offense(s). At times the extended family member has already had history with the youth and due to the youth's combative behavior and other issues is therefore unwilling to have the youth in their home.

Another barrier to meeting the 12 month timeline is the youth tend to adhere to their case plans especially if placed in a group home/treatment environment that keeps the youth compliant with time frames. However, most parents fall short of meeting case plan goals and timelines as there is no sanction other than verbal reprimand by the probation officer. Furthermore, the parents and extended family members tend to blame the youth for their predicament and resent being subject to the case plan parameters.

STRATEGIES

All of these outcomes areas were either performing under the national goal or had significant fluctuation during the time period since the last C-CFSR cycle that call into question what services or strategies can be used to improve performance long term and help support the children and families of Modoc County. Modoc County has chosen three primary strategies, two for CWS and one for Probation, to implement in the two systems of care to improve the outcomes in all four performance measures.

CHILD WELFARE STRATEGY 1: IMPLEMENT DIFFERENTIAL RESPONSE SERVICES (DR)

Implementation of Differential Response will allow Social Workers to respond to child abuse and neglect reports by utilizing a standardized assessment tool such as Structured Decision Making, which Modoc already utilizes. Using the DR model, Social Workers will utilize Path 1 when a referral is received but it does not meet the level of intervention of Child Welfare. Even though the referral did not meet the level of a formal investigation, the Social Worker will link the families to services in the community through partnerships with local community organizations and other county agencies. The goal is to gain voluntary collaboration with families to address issues within the family which can be mitigated through services provided by local agencies and not have to be formerly investigated. Engaging the family to address their own issues through the use of DR partners will help families to both recognize behaviors that put or keep children at risk and to change those behaviors through the assistance of supports and services. The goal is that the implementation of DR will lower both entry and reentry rates and prevents future child abuse and neglect issues.

Differential Response will be implemented in part by creating MOU's between TEACH Inc. and Modoc Public Health Department. Path 1 referrals are a community response and will be referred to these community partners for services without the involvement of CWS. These are usually the referrals that have been "evaluated out" but in the past may have not received any type of referral to outside services. Path 2 referrals are a joint CWS/community response and by using a team approach the family is assessed for safety of the child, the level of risk, protective capacity and recommendations for further service delivery. The focus of Path 2 centers on the families willingness to make needed improvements. If a family situation deteriorates and a child's safety is in question, child welfare staff intervenes as needed. Additionally, implementation of DR will include an evaluation process as well as contract monitoring.

The County will utilize Path 3 referrals on allegations that are substantiated. This path is most similar to the child welfare system's traditional response. It is the path chosen if the initial assessment indicates the child is not safe. This path always involves the likelihood that the children are unsafe, risk is moderate to high for recurring child maltreatment and actions must be taken to protect the child, with the family's agreement whenever possible. Actions may be taken without the

family's consent to improve child safety and mitigate risk. Court orders and law enforcement may be involved.

CHILD WELFARE STRATEGY 2: IMPLEMENT SAFETY ORGANIZED PRACTICE (SOP)

Child Welfare will implement the use of Safety Organized Practice (SOP) to impact family engagement and improve outcomes. The goal would be to train Social Workers on engaging families and service providers in Family Team Meetings. This will allow families to communicate on a basis that is positive as well as solution based. The goal is for Child Welfare to have the child's best interest in mind and allow the families to learn how to keep their children safe. Social Workers will be able to engage families and build rapport on a higher level than historically.

SOP is a holistic approach to collaborative teamwork in child welfare that seeks to build and strengthen partnerships within a family, their informal support network of friends and family, and the agency. SOP utilizes strategies and techniques in line with the belief that a child and his or her family are the central focus and that the partnership exists in an effort to find solutions that ensure safety, permanency and well-being for children.

SOP is informed by:

- Solution-focused therapy, based on the work of Insoo Kim Berg, Steve de Shazer and the Brief Family Therapy Center;
- Signs of Safety, the Three Houses tool and the Safety House, based on work by Steve Edwards, Andrew Turnell, Nicki Weld, Sue Lohrbach, Sonja Parker and many other child welfare professionals;
- Structured Decision Making by the NCCD Children's Research Center;
- Group supervision and interactional supervision, based on work by Sue Lohrbach and Lawrence Shulman;
- Appreciative inquiry, based on work by David Cooperrider and Suresh Srivastva;
- Motivational interviewing, based on the work of William Miller; and
- Most importantly, the evolving work of hundreds of practitioners around the world to adapt and integrate evidence-based tools and approaches with best practices in the field of child welfare.

SOP involves Collaborative and safety-organized approaches:

- Focus on effective working relationships between the family, the family's support system and the caseworker
- Involve cooperative and honest professional relationships
- Include applying critical thinking, inquiring rather than knowing, and using what we know from research and evidence-based tools
- Utilize a humble questioning approach in the agency and in the field
- Build on what is already working for families and agencies

- Provide a clear vision for the work along with aspirations for a family's abilities to improve children's safety and well-being

CHILD WELFARE STRATEGY 3: DEVELOP POLICIES AND PROCEDURES

To support best practices and provide structure to staff in the provision of child welfare services, the department will develop policies and procedures. These policies and procedures will help to ensure that staff have standardized guidelines that provide a "how to" approach to timelines for social work practice, agency expectations, etc. This will help to direct the daily work of social work staff and will be developed between administrators, line staff, consultants, and county counsel where needed.

PROBATION STRATEGY 1: IMPLEMENT FAMILY ENGAGEMENT

In order to improve family engagement efforts for Probation, Probation would like to implement, train staff and develop policies and procedures around the ongoing use of Family Finding for all its probation youth facing possible placement. Currently, the Modoc Probation Department has purchased access to Lexis-Nexis, but has not trained staff to be able to use the tool to its full potential and therefore, will participate in on-line trainings specific to family finding. The belief is that the increased family finding will not only improve placement options for youth going into out of home care, but also that Probation Officers can use this tool to also help identify supportive relatives that can be permanent connections or resources for youth.

Also, within this strategy the use of additional Family Meetings to engage the family in supportive services, similar to wrap, and in the planning and delivery of services would impact engagement and help to support more stable placements in the least restrictive setting. This will include Behavioral Health services and the increased coordination of these services through the Katie A. team and the increased coordination the county has already developed to support Child Welfare. This measure will also include the coordination to complete the required JV forms and the engagement with families to complete these forms.

PRIORITIZATION OF DIRECT SERVICE NEEDS

Modoc County has identified the 0-5 age group and Native American populations as those that are at the greatest risk of maltreatment. Because there is such a high population of Native Americans in Modoc County and, as previously stated, there was a tragedy in the Native American community earlier this year it will be of vital importance to ensure quality services to this population. In looking at the areas Modoc County chose to focus on for the SIP, all four outcome measures can be positively impacted by implementing both DR and SOP which the goal is increase the availability and enhance the collaboration with service providers to serve both these populations. Literature reviews published in 2009 show that there is a direct correlation between the reduction of the recurrence of maltreatment when there is early

intervention and engagement for families, even with unsubstantiated referrals.¹ DR is a perfect intervention as it allows families, even without a formal intervention, to access supportive services and address risk and safety prior to it rising to the level of abuse or neglect that would cause a formal intervention, i.e., the courts. Currently there are no front end interventions that are accessible system wide to families or that help them individually assess and address risk and safety, as well as general parenting needs without involvement in the Child Welfare System.

When looking at the outcome measure for Reunification within 12 months and Re-entry following reunification, literature also shows that family engagement and the use of motivational interviewing and team decision making models significantly impact families ability to reunify and remain successfully intact after reunification.² Safety Organized Practice embraces all of these strategies and uses a model for identifying the most significant risk and safety factors to help families and service providers drill down to the most important issues so that better quality interventions and services can be offered to families, while engaging them in the process, to ensure better outcomes. Juvenile probation outcomes are also shown to be higher when using these strategies for its population.³ These strategies will allow Probation and Child Welfare to engage families early on in the process of identifying and together finding solutions for their families and, hopefully, directly improving outcomes. This may also include the Integration of Probation into the Katie A. process to provide better mental health services for its youth.

Child Welfare/Probation Placement Initiatives

KATIE A. As of January 2014, a collaborative team comprised of three Behavioral Health Clinicians, Clinician Supervisor, Behavioral Health Co- Director, four Child Welfare Social Workers, and a Social Worker Supervisor was established to begin implementation of Katie A. requirements. This collaboration has initiated a plan of implementation. This implementation process includes a referral system for an initial Katie A. assessment as well as a reassessment. The collaborative meets on a monthly basis to staff the cases that have been identified to need ongoing mental health counseling. It is a goal of the collaborative and a requirement of the initiative that family and other service providers are a part of the staffing/updating process.

¹ <http://academy.extensiondlc.net/file.php/1/resources/LR-PredictingRecurrence.pdf>

² <http://academy.extensiondlc.net/file.php/1/resources/LR-ReentryReunification.pdf>

³ <http://academy.extensiondlc.net/file.php/1/resources/LR-ReentryReunification.pdf>

Family Wellness Court is a drug court that is run out of Modoc Superior Court and initiates collaboration between Behavioral Health, Child Welfare, Strong Family Health Center (Cedarville Rancheria), Cal Works and Probation. The Family Wellness Court was disassembled in 2012 due to staffing issues and was reestablished in 2014. Currently, we have four

Child Welfare Focus Area #1: Implement Differential Response

Priority Outcome Measure or Systemic Factor: S1.1 No Recurrence of Maltreatment

National Standard: 94.6%

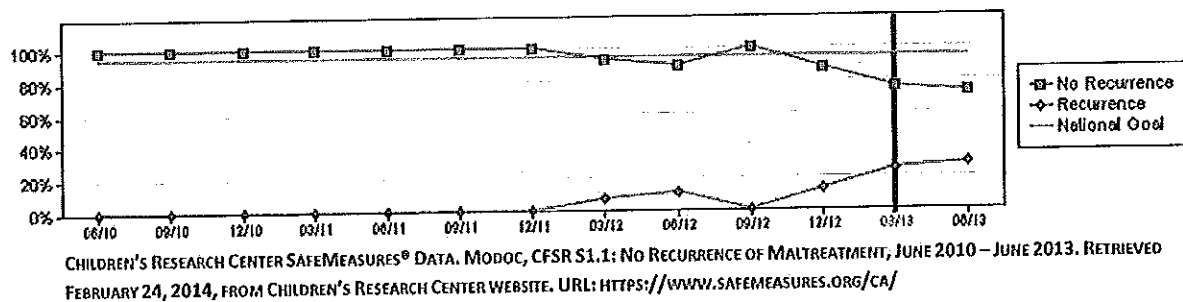
CSA Baseline Performance:

75% (January 2014 data report for Q3 2013 data extract for study timeframe 10-1-2012 to 3-31-2013)

There have been many changes within the Modoc Child Welfare Department since the last CSA was conducted mainly including administration and philosophy changes as well as lack of services. As a result the overall data during this C-CFSR cycle varied as follows:

- Q1 2014: 100%
- Q4 2013: 69.6%
- Q3 2013: 75%
- Q2 2013: 87.1%
- Q1 2013: 100%

Given the above fluctuation in data, Modoc County has chosen this measure as a focus area.



Target Improvement Goal: 100%

Dependency families participating in the program that provides wraparound services to clients with substance abuse issues.

5 – YEAR SIP CHART

Child Welfare Focus Area #2: Implement Safety Organized Practice

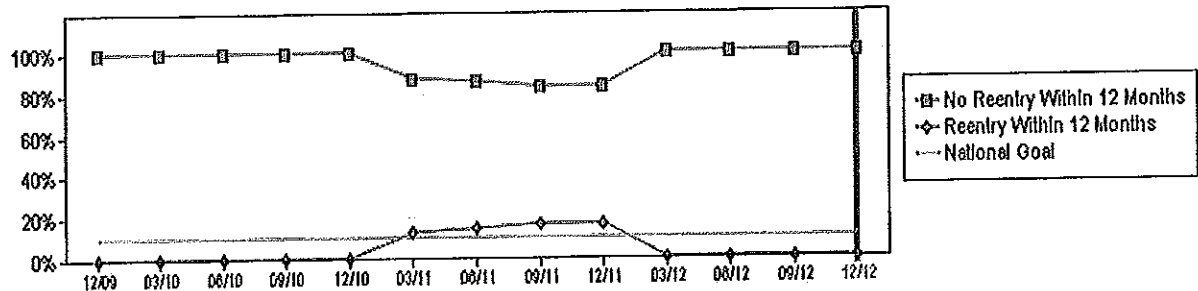
Priority Outcome Measure or Systemic Factor: C1.4 Re-entry following reunification

National Standard: 9.9%

CSA Baseline Performance:

0% (January 2014 data report for Q3 2013 data extract for study timeframe 10-1-2012 to 3-31-2013)

Reentry Following Reunification is an area of critical concern for Modoc County CWS and was the focus of the 2014 Peer Review. Data analysis spanning the time period from Modoc County's last County Self-Assessment (June 2009) to December 2013, reveals that Modoc County CWS data has fluctuated in this outcome measure. Quarter 3 2008 data shows a performance of 22.2% (4 out of 18 children) and Quarter 3 2013 data shows a performance of 0% (0 out of 3 children). The graph below shows the trend line in comparison to the National standard (9.9%) over the past three years.



CHILDREN'S RESEARCH CENTER SAFEMEASURES® DATA. MODOC, CFSR C1.4: REENTRY FOLLOWING REUNIFICATION (EXIT COHORT), DECEMBER 2009 – DECEMBER 2012. RETRIEVED FEBRUARY 24, 2014, FROM CHILDREN'S RESEARCH CENTER WEBSITE. URL: [HTTPS://WWW.SAFEMEASURES.ORG/CA/](https://www.safemeasures.org/ca/)

Target Improvement Goal: Consistently perform at or above the national goal/standard.

Probation Focus Area #1: Family Engagement

Priority Outcome Measure or Systemic Factor 1: C1.3 Reunification within 12 Months (Entry Cohort)

National Standard: 48.4%

CSA Baseline Performance: 0% (January 2014 data report for Q3 2013 data extract for study timeframe 04/01/12 to 09/30/12)

Probation department performance was 0% which represents 0 out of 3 youth who reunified within 12 months of coming into care. Due to the small number of placement cases in Modoc County, it is difficult to adequately use data for this measure to reflect practice. In the time frame selected, there were a total of 3 youth who were in out of home care. Two reunified, but not within the 12 month timeframe and the third is still in care. The challenge for Probation to reunify within 12 months is that Probation youth are in placement due to their offenses and

often, they are removed from the home to enter a placement facility, liked a group home or treatment home, that can address the behavioral issues they are facing. These youth rarely are able to get into and complete a program within 12 months, and subsequently do not meet the timeline for this measure.

Target Improvement Goal: Increase percentage to 33% over the next 5 years (1 in 3 youth). Though this is the range for target improvement over the next five years, there is concern about the feasibility of achieving these goals. Probation has such small placement numbers that this improvement would require at least one youth meet this outcome goal for a given time period. This is possible, but there is little practice change that can impact this measure, since so much of the barrier to reunification here is the completion of a treatment program, which is traditionally set at 12 months or more. Additionally, there are many resource issues within the county and often, there is a need to travel 100-150 miles or more to access services.

Probation Focus Area # 2: Family Engagement

Priority Outcome Measures or Systemic Factor 2: 4B Least Restrictive Placement (Point in Time: Relative)

National Standard: N/A

CSA Baseline Performance: 0% (January 2014 data report for Q3 2013 data extract for study timeframe 10/01/13 to 10/01/13). On this point time measure, there were no youth in a relative placement, with only one youth in care at the time.

Probation department performance was 0% for this measure, but this is representative on only one youth in care at the time, who was in a treatment facility. One of the challenges for probation in this measure is that probation youth are often in need of treatment or have extreme behavioral issues and are not always appropriate for relative placement. The second issue is identifying, approving and maintaining placements with relatives. If the department can identify a relative, then they must pass the background and home checks and be willing to offer placement and work with the youth with their behavioral issues. This is difficult with each case and with so few families, it is difficult to develop supports for these families on an ongoing basis.

Target Improvement Goal: The Probation Department would like to work on engaging families and increasing their practice around family finding, which should impact the number of family members that the department can identify as possible placement options.

<p>Child Welfare Services</p> <p>Strategy 1:</p> <p>Implement Differential Response</p>	<input checked="" type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input type="checkbox"/> N/A	<p>Applicable Outcome Measure(s) and/or Systemic Factor(s):</p> <p>Child Welfare: S1.1 No recurrence of maltreatment</p> <p><input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project</p>	
<p>Action Steps:</p>	<p>Implementation Date:</p>	<p>Completion Date:</p>	<p>Person Responsible:</p>
<p>A. Establish Local Teams to Explore DR</p> <p>A.1 Establish and convene a Core County Differential Response Team comprised of county staff and outside partners in order to support expand and sustain the focus, momentum and energy of DR and other efforts geared toward improving CWS and outcomes for children and families.</p> <p>A.2 Establish and convene a CWS County Differential Response Team to focus on DR as the new intake structure; members include CWS, partner agencies and CBO staff. This team determines the nature and scope of the policy, program and practice issues in implementing DR and address cultural competence as well as fairness and equity issues.</p>	<p>February 2015</p>	<p>July 2015</p>	<p>CWS in collaboration with CBOs</p> <p>CWS</p>

B. Create Agency Policies and Procedures Create policy and procedures and other operation material to be consistent with DR and to reflect the Path 1 and Path 2 referral process.	July 2015	December 2015	CWS in collaboration with CBOs
C. Build Workforce and Service Capacity C.1 Identify, hire and train staff as needed in order to implement DR. C.2 Train all CWS staff and CBOs on DR including any other community partners (court, tribes, faith based organizations etc.). Collaborate with UCD on training needs.	December 2015	June 2016	CWS and CBOs CWS, CBOs in collaboration with the child welfare training academy
D. Identify Agencies to Sustain and Support Services D.1. Identify and designate CBOs and the services they will provide. Establish partner agency responsibilities to include who will: <ul style="list-style-type: none"> ▪ Report back to CWS whether the family followed through with the referral and participated in services, per county agreement. ▪ Re-refer to CWS if the family 	April 2016	October 2016	Core County Differential Response Team

situation rises to the level of a mandated report.				
<p>E. Begin Utilizing Differential Response Process Protocol</p> <p>All referrals that are received are responded to utilizing DR. (Based on current county statistics, it is anticipated that the county will receive approximately 12-15 referrals per month)</p>	October 2016	April 2017	CWS Staff	
<p>F. Ongoing Training</p> <p>Provide training to staff and community partners on topics that relate to DR, such as:</p> <ul style="list-style-type: none"> ▪ Mandated reporting laws ▪ Confidentiality laws pertinent to child welfare, particularly those geared toward community partners and their unique roles ▪ Interagency and community partners understanding of their roles, the roles of CWS and how they differ, including how CWS will focus on ascertaining facts related to safety, risk and protective capacity of the family 	June 2016	Ongoing until end of 5 year cycle	CWS, CBOs in collaboration with the child welfare training academy	

<ul style="list-style-type: none"> ▪ Strength-based and family engagement training. 				
<p>G. Evaluation</p> <p>Establish Evaluation procedure to include:</p> <ul style="list-style-type: none"> ▪ Track referred families through monthly reports received from CBOs and other providers. ▪ Gather and evaluate data received from CWS/CMS, SDM and other data sources. ▪ Continue to analyze progress and needs of CBO and CWS staff in DR implementation. ▪ Continue to analyze progress and needs of CBO and CWS staff in DR implementation. Determine and implement any changes as needed. Collaborate with UCD on training needs. ▪ Continue evaluation of program: Survey families and measure family safety and level of progress. Also evaluate family satisfaction with program. 	October 2016	Ongoing until end of 5 year cycle	Core County Differential Response Team	

Child Welfare Services Strategy 2: Implement Safety Organized Practice	<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF	Applicable Outcome Measure(s) and/or Systemic Factor(s): Child Welfare: S1.1 No Recurrence of Maltreatment C1.4 Re-entry following reunification	
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	Implementation Date:	Completion Date:	Person Responsible:
	Action Steps: A. Presentation of SOP strategies and guiding principles to leadership and key stakeholders B. Establish implementation team consisting of leadership and social workers. This core group will develop understanding of the full scope of practices being implemented, help develop strategies for implementation, make recommendations to management regarding timing and staff selection for subgroups, and serve as overall ambassadors for this change to their peers and the rest of the organization.	November 2014	November 2014
	November 2014	January 2015	Team to be developed, but should include CWS leadership and social worker(s)

C. Provide the Foundational Training for all child welfare staff including supervisors, social workers, Probation officers and others. Work with UCD to coordinate time and date.	To be held between November 2014 – January 2015	February 2015	CWS
D. Begin utilizing SOP	To begin immediately following SOP Foundational (November 2014 – January 2015)	Ongoing until end of 5 year cycle	CWS
D. Hold monthly, regular coaching sessions with SOP coach through UC Davis. All social workers and supervisors will receive both group and individual coaching.	To begin immediately following SOP Foundational (November 2014 – January 2015)	February 2015, then as needed.	CWS
E. Begin to review and revise policies and procedures as needed to support the practice.	January 2015	June 2015	CWS
F. Develop a plan to support supervisors and/or coaches to support the practice long term. This includes attending the Coaching Institute for Child Welfare	July 2015	January 2016	CWS

Supervisors.				
G. Identify Family Team Meeting Facilitator and training plan for him/her. Also Identify facilitator or process for Probation for FTM.	February 2015	April 2015	CWS	
H. Begin roll-out of Family Team Meetings using the consultation framework tool.	May 2015	November 2015	CWS	
I. Begin use of group supervision and consultation framework tool.	February 2015	August 2015	CWS	
J. Ongoing training to include the following classes.	All existing staff to attend all classes by December 2015	Ongoing through life of SIP (2019)	CWS	
K. Ongoing training and coaching for new and career staff.	January 2016 – December 2018	Ongoing through life of SIP (2019)	CWS	

L. Ongoing COI review of practice to look at effectiveness and needed modifications for improvement.	January 2016	Ongoing through life of SIP (2019)	CWS
Child Welfare Services Strategy 3: Develop Policies and Procedures	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Child Welfare: S1.1 NO RECURRENCE OF MALTREATMENT C1.4 RE-ENTRY FOLLOWING REUNIFICATION <input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Obtain approval from the Board of Supervisors to hire an independent contractor to write formalized, written policies and procedures based upon Division 31 regulations. The developed product will serve as a training and resource document for staff.	May 2015	May 2015	CWS
B. Contact peer counties that have policies and procedures in place for recommendations regarding independent contractors to consider hiring for this project. Also contact the Northern California Children & Family Services Training Academy for referrals	Jan. 2015- May 2015	May 2015	CWS

C. Hire an independent contractor to complete the manual.	June- July 2015	July 2015	CWS
D. The contractor will complete an outline of the Policy and Procedures Manual.	Sept. -- Oct. 2015	October 2015	Contractor
E. The outline will be circulated to staff and management for review.	October 2015	October 2015	CWS/Contractor
F. A draft of the manual will be circulated to staff and management for review.	November 2015	November 2015	CWS/Contractor
G. The manual will be finalized and printed for distribution.	December 2015	December 2015	CWS
H. A complete Policy and Procedures Operating Manual will be printed and placed in each unit within CWS.	January 2016	January 2016	CWS

I. Each CWS Supervisor will train their staff on CWS policies and procedures.	January – February 2016	January – February 2016	CWS
J. Supervisors will have all staff trained and sign a Staff Development Form.	March 2016	March 2016	CWS

Probation Strategy 1: Improve Family Engagement Efforts for Probation	<input type="checkbox"/> CAPIT	Applicable Outcome Measure(s) and/or Systemic Factor(s): Probation: C1.3 Reunification within 12 months (entry cohort) & 4B Least restrictive placement (Point in time: Relative)	
	<input type="checkbox"/> CBCAP		
	<input type="checkbox"/> PSSF		
	<input checked="" type="checkbox"/> N/A		
<input type="checkbox"/> Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project			
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:

A. Contact Lexis/Nexus and set up trainings for staff to use Family Finding Software.	December 2014	June 2015	Assistant Chief Probation Officer or Placement Probation Officer
B. Review use of Family Finding tool and evaluate for any noticed improvements of engagement. If tool not working, look at other service providers.	July 2015	October 2015 (Review ongoing to ensure tool is useful)	Assistant Chief Probation Officer or Placement Probation Officer
C. Meet to develop a family finding template for probation officers to use during intake, detention, and dispositional interviews. Develop training on family mapping and its use.	October 2015	January 2016	Assistant Chief Probation Officer or Placement Probation Officer
D. Finalize Family Finding Template	January 2016	March 2016	Assistant Chief Probation Officer or Placement Probation Officer
E. Format the inclusion of family finding efforts into court reports and review the results with the Chief Probation Officer.	March 2016	June 2016	Assistant Chief Probation Officer or Placement Probation Officer

F. Implement the Family Finding Template and assess for improvements.	June 2016	December 2016	Assistant Chief Probation Officer or Placement Probation Officer
G. Review results of family findings and implement additional changes as necessary.	January 2017	July 2017	Assistant Chief Probation Officer or Placement Probation Officer
H. Identify JV forms for Family/Relative Finding for Court. Develop guide/policy on use of Family finding and JV forms for staff.	December 2016	March 2016	Assistant Chief Probation Officer or Placement Probation Officer
I. Train staff and use in all Juvenile Cases; create checklist of items to be in case, and templates of mailer packets and letter for relatives.	April 2016	October 2016	Assistant Chief Probation Officer or Placement Probation Officer
J. Review cases to ensure forms being used in all cases. Adapt any training to fill in identified gaps and then repeat annually to ensure quality control.	November 2016	May 2017, annually thereafter.	Assistant Chief Probation Officer or Placement Probation Officer

K. Work with Behavioral Health and CWS to integrate Probation youth into Katie A. meetings; begin with agreements between Directors.	December 2015	March 2016	Chief Probation Officer and Assistant Chief Probation Officer or Juvenile Placement Officer
L. Develop plan for implementation with Katie A. Team, including referral, process.	April 2016	October 2016	Assistant Chief Probation Officer or Placement Probation Officer
M. Train PO's to use Katie A. process/referrals and attend Katie A. meetings.	November 2016	May 2017	Assistant Chief Probation Officer or Placement Probation Officer
N. Review Katie A. cases to ensure that PO's and Katie A. team are serving youth, review outcomes annually. Refine process as necessary.	June 2017	December 2017	Assistant Chief Probation Officer or Placement Probation Officer
O. Develop plan for implementation of above process for AOD and MH referrals, not Katie A. related.	January 2018	June 2018	Assistant Chief Probation Officer or Placement Probation Officer
P. Train PO's to use AOD/MH process.	July 2018	December 2018	Assistant Chief Probation Officer or Placement Probation Officer

Q. Review AOD/MH cases to ensure that PO's are serving youth, review outcomes annually. Refine process as necessary.	January 2019	June 2019	Assistant Chief Probation Officer or Placement Probation Officer
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CAPIT/CBCAP/PSSF Expenditure Workbook

CAPIT/CBCAP/PSSF Program and Evaluation Descriptions

CAPIT

PROGRAM NAME

Differential Response

SERVICE PROVIDER

TEACH Inc. and Modoc County Public Health (Healthy Beginnings)

PROGRAM DESCRIPTION

The DR system will utilize three pathways to respond to families referred to CWS. **Path 1** referrals are used when the perceived risk to the children is low. In the traditional Child Welfare systems model these families would not receive any services. In **Path 1**, referrals will be made to community based organizations to work with families to reduce the level of risk to children in the home. **Path 2** referrals will be used when the risk to the children in the home is moderate and targeted services by county staff and a community based organization could improve child safety. **Path 3** referrals are used if a child would be at serious risk without formal intervention from a child welfare agency and look most similar to the traditional child protection model.

Pathway assignment depends on an array of factors, such as the presence of imminent danger, level of risk, number of previous reports, source of the report, and/or presenting case characteristics, such as the type of alleged maltreatment and the age of the alleged victim.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Differential Response
CBCAP	
PSSF Family Preservation	
PSSF Family Support	

PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Modoc County identified poverty, isolation and disparities in access to services as areas of need.

There are often not enough or appropriate services available to ensure that families are able to make changes within their life such as employment opportunities, alcohol and drug services, domestic violence services and transportation. Having limited services in these areas exacerbates family issues and creates a higher risk of children to be maltreated. (CSA, pg. 13)

TARGET POPULATION

At risk families and families with previous child welfare system involvement who have low and moderate risk of abuse and neglect.

TARGET GEOGRAPHIC AREA

Modoc County

TIMELINE

SIP Cycle: 7/10/2014-7/9/2019; subject to change with notice and approval from CDSS/OCAP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING (EXAMPLE * PROVIDED BELOW)

Desired Outcome	Indicator	Source of Measure	Frequency
Children are maintained safely in their homes, thus preventing unnecessary removal into foster care	At least 70% of the families who are referred for DR services will accept and participate in services provided by the community partner agency.	Service providers will prepare and submit a report matrix to social services. The report shall minimally include: <ul style="list-style-type: none"> # of referrals # of children 	Monthly tracking of families to identify receipt and completion of services, as well as recidivism to CWS Participation rates will be hand counted by provider staff and

		<ul style="list-style-type: none"> • # of families who accepted services • # of home visits with contacts 	reviewed annually by the County as part of the preparation of the annual CAPIT/CBCAP/PSSF report
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CLIENT SATISFACTION
(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Satisfaction evaluations of services completed by program participants	Completed at the end of services	The post evaluations will be utilized to assess the quality of services in general	Clients will have a chance to ask questions and give feedback on the program as well as services provided to offer continuous quality improvement

CAPIT

PROGRAM NAME

Nurturing Parenting Program

SERVICE PROVIDER

TEACH Inc. and Modoc County Public Health

PROGRAM DESCRIPTION

The following Nurturing Parenting Programs will be utilized:

The *Nurturing Parenting Program for Parents and their Infants, Toddlers and Preschoolers* is a 15 week or as needed family-centered program designed for the prevention and treatment of child abuse and neglect. Both parents and their children birth to five years participate in classroom and in home-based, group-based, or combination group-based program models. Lessons are competency-based ensuring parental learning and mastery of skills.

The program lessons focus on remediating five parenting patterns known to form the basis of maltreatment:

- Having inappropriate developmental expectations of children
- Demonstrating a consistent lack of empathy towards meeting children's needs
- Expressing a strong belief in the use of corporal punishment and utilizing spanking as their principle means of discipline
- Reversing the role responsibilities of parents and children so that children learn to become the caregivers to their parents
- Oppressing the power and independence of children by demanding strict obedience to their commands

Built In assessments (pre, process, and post) allow the practitioner and the parents to track the acquisition of new knowledge, beliefs and skills

The *Nurturing Parenting Program for Parents and their School Age Children 5 to 12 Years* is a 15-session program that is group-based, and family-centered. Parents and their children attend separate groups that meet concurrently. Each session is scheduled for 2.5 hours with a 20-minute break in which parents and children get together and have fun.

The lessons in the program are based on the known parenting behaviors that contribute to child maltreatment:

- Inappropriate parental expectations
- Parental lack of empathy in meeting the needs of their children
- Strong belief in the use of corporal punishment
- Reversing parent-child family roles
- Oppressing children's power and independence

Assessment (pre, process, and post) of parent's parenting and child rearing beliefs, knowledge, and skills allows the program facilitators to measure the attainment of lesson competencies.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Parenting education, case management, and home visiting (0-5)
CBCAP	
PSSF Family Preservation	

PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	Modoc County Public Health (Healthy Beginnings, TEACH Inc., First 5 Modoc

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- The overall culture in Modoc County is unique in regards to a strong drinking and drug culture. Modoc County has land that is vacant within the Modoc National Forest, providing an environment for marijuana cultivation. This environment attracts people that engage in drug use and illegal behavior. Often when parents engage in substance abuse there is an increased risk that the child is at risk of adverse experiences and negative outcomes, both short and long term. (CSA, pg.12).
- Families in which one or both parents have substance use disorders, and particularly families with an addicted parent, often experience a number of other problems that affect parenting, including mental illness, unemployment, high levels of stress, and impaired family functioning, all of which can put children at risk for maltreatment (National Center on Addiction and Substance Abuse at Columbia University, 2005). A child's basic needs, including nutrition, supervision, and nurturing, may go unmet due to parental substance use, resulting in neglect. Depending on the extent of the substance use and lack of positive parenting skills, abuse can also include physical, emotional and sexual abuse. (CSA, pg. 13)

TARGET POPULATION

At risk families and families involved with the Child Welfare System, children 0 to 12 yrs. old

TARGET GEOGRAPHIC AREA

Modoc County

TIMELINE

SIP Cycle: 7/10/2014-7/9/2019; subject to change with notice and approval from CDSS/OCAP.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING (EXAMPLE* PROVIDED BELOW)

Desired Outcome	Indicator	Source of Measure	Frequency
Parent(s) participating	At least 75% of	Paper-based Pre &	Pre and post

in the parenting education show increased knowledge of parenting and child development.	parents who complete parenting education will be able to show increased knowledge in at least two (2) topic and/or skill areas taught in the course.	Post inventories completed by parent(s) <ul style="list-style-type: none"> • The Adult-Adolescent Parenting Inventory (AAPI-2) • The Nurturing Skills Competency Scale (NSCS) 	inventories will be completed by parents at program entry and exit.
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CLIENT SATISFACTION
(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Parenting course evaluations	After the entire parenting course is completed	Evaluations are used by program participants to rate the quality of each specific session, as well as the quality of the program in general. Parents list things they liked and disliked about the sessions and are offered opportunities to make recommendations to improve the instruction.	Changes to program implementation will be made as needed and based on feedback to ensure program compliance and continuous quality improvement

PROGRAM NAME

Prevention Collaborative Grants

SERVICE PROVIDER

Modoc County Child Abuse Prevention Collaborative

PROGRAM DESCRIPTION

Modoc County Child Abuse Prevention Collaborative will award grants to applicants that will provide child abuse prevention and intervention programs and services to the community.

These programs and services may include, but not are limited to, the following:

- To provide a forum for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child abuse cases.
- To promote public awareness of the abuse and neglect of children and the resources available for intervention and treatment.
- To encourage and facilitate training of professionals in the detection, treatment, and prevention of child abuse and neglect.
- To recommend improvements in services to families and victims.
- To encourage and facilitate community support for child abuse and neglect programs.

It is the goal of the Prevention Collaborative to provide funding to applicants who will provide direct services via grants.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	Network Development, Information & Referral, Public Education
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): Healthy Beginnings(Public Health& First 5 Modoc)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- Lack of collaborative networks that are positive for clients. (CSA, pg. 17)
- As of 2011 the Child Abuse Prevention Council stopped convening when funding was not received during fiscal year 2012-13. (CSA, pg. 24)

TARGET POPULATION

- Service providers

TARGET GEOGRAPHIC AREA

Modoc County

TIMELINE

SIP Cycle: 2014-2019; subject to change with notice and approval from CDSS/OCAP.

EVALUATION
PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING
 (EXAMPLE* PROVIDED BELOW)

Desired Outcome	Indicator	Source of Measure	Frequency
The residents of Modoc County will have increased awareness of what constitutes child abuse and neglect and will gain increased knowledge on child abuse prevention and intervention and how to access resources.	# of contacts made via outreach # of interagency forums held # of trainings provided each year	Agency/Service Provider records	Data recorded at each training and/or event Service Provider quarterly reports to county

CLIENT SATISFACTION

(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Satisfaction evaluations	Completed by participants after	Evaluations reviewed after each event by	Completed evaluations of the

completed by participants	each workshop/training at end of session or event	program staff	program will be reviewed by staff/trainers to resolve issues and ensure continuous quality improvement
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PSSP

PROGRAM NAME

FAMILY NEEDS PROGRAM

SERVICE PROVIDER

MODOC COUNTY DEPARTMENT OF SOCIAL SERVICES

PROGRAM DESCRIPTION

The Family Needs Program which promotes family preservation, community-based family support, time-limited family reunification and adoption promotion and support, is meant to help families solve minimal barriers that will preserve the wellbeing of their family. Also, if the preservation of a family cannot be preserved due to larger barriers that cannot be resolved this program will promote and support adoption.

The Family Needs Program provides families with the following services:

- 1) Family Preservation: Psychological Evaluations and bonding assessments that deem the appropriateness of continuing Family Reunification services to families that have an open Child Welfare case, have one or more risk factor, and the children are at risk of abuse or neglect.
- 2) Community-Based Family Support Services: Transportation and car seats to vulnerable families who have an open Child Welfare Case and that are at risk of abuse or neglect.
- 3) Time-Limited Reunification: Substance Abuse Treatment, Transportation, and Counseling. These funds will be used for parents and/or primary caregivers of children who have an open Child Welfare case to facilitate the reunification process as well as the children that are removed from their home and placed in a foster family home or a child care institution.
- 4) Adoption Promotion and Support Services: Transportation and child care will be provided with this portion of the PSSP funds. When a family is becoming certified to become an adoptive parent for children they are required to attend a two day adoptions training in Chico, CA. This is approximately four hours from Alturas resulting in an

overnight trip and a need for child care. This will greatly expedite the adoptions process and help support adoptive families so they make a lifetime commitment to their children.

A large issue in Modoc County is a remote County and finding someone locally that is eligible as well as willing to perform bonding assessments and psychological evaluations. As a result, this program will help not only support the actual activity of a bonding assessment and psychological evaluation but the transportation to and from. Often families who have limited resources also have issues providing their children with the basic safety equipment such as car seats. This program will help families that are in the reunification process as well as adoptive family with the basic needs to ensure their safety or permanency.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	Behavior health, Mental Health Services
PSSF Family Support	Transportation, Concrete Supports
PSSF Time-Limited Family Reunification	Behavior Health, Mental Health Services, Substance Abuse Treatment Services, , Transportation
PSSF Adoption Promotion and Support	Transportation, Child Care, Adoptive Parent Recruitment
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

- Disparities in access to services: It is predicted that when services provided to clients are more available and the collaborative networks such as Family Wellness Court are fully implemented the flow of cases will move from family reunification to family maintenance in the timeframe recommended or a permanent plan will be implemented. (CSA, pg. 40)
 - Modoc County CWS' median time of reunification has fluctuated greatly over the past 5 years, largely due to the low placement numbers. Quarter 3 2008 data shows a median time of 7.9 months (7 children) and Quarter 3 2013 data shows a median time of 1.5 (7 children). The National Standard for this measure is a median time of 5.4 months.

- The National Standard for this measure is 48.4%. Modoc County CWS data shows huge fluctuation in this measure, due to the low number of children entering placement within a 6-month time period. Most recent data (Quarter 3 2013), shows 0 out of 3 children reunified within 12 months.

TARGET POPULATION

Children and families engaging in Family Reunification process as well as children and adoptive families seeking permanency and support.

TARGET GEOGRAPHIC AREA

Modoc County-Countywide

TIMELINE

SIP Cycle: 7/10/2014-7/9/2019; subject to change with notice and approval from CDSS/OCAP.

EVALUATION

**PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING
(EXAMPLE* PROVIDED BELOW)**

Desired Outcome	Indicator	Source of Measure	Frequency
Increased timely reunification for children and families	The following measures will improve: C1.2 Medium Time to Reunification	CWS/CMS	CWS/CMS will be monitored quarterly
Increased permanency for children	The following measures will increase: C2.2 Median Time to Adoption (Exit Cohort) C2.3 Adoption within 12 Months (17 months in care) C2.4 Legally Free within 6 Months (17 months in care)	CWS/CMS	CWS/CMS will be monitored quarterly

CLIENT SATISFACTION
(EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
Client satisfaction evaluations	Completed by participants after completion of service/program	Due to the low numbers of open Child Welfare cases in Modoc County evaluation will be reviewed	Reviewed by staff and/or service providers to resolve issues and ensure continuous quality improvement. As a result, any problem areas will be discussed to ensure that any needed improvements will be addressed.

Board of Supervisors Minute Order/Resolution

CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

Appendix X

(1) DATE SUBMITTED: _____		(2) DATES FOR THIS WORKBOOK: 7/1/14 thru 6/30/15		(3) DATE APPROVED BY OCAP: _____	
(4) COUNTY: Medoc		(5) PERIOD OF SIP: 7/1/14 thru 7/10/19		(6) YEARS: 1-5	
(7) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation):					
CAPIT: \$65,046		CBCAP: \$10,211		PSSF: \$10,000	

No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	D1	D2	CAPIT	CBCAP	PSSF	OTHER SOURCES	NAME OF OTHER	TOTAL					
						E1	F1	G1	G2	G3	G4	G5	G6	H1	H2	I
						Dollar amount to be spent on CAPIT Programs	Dollar amount to be spent on CBCAP Programs	CBCAP is used for Administration	Dollar amount to be spent on Family Preservation	Dollar amount to be spent on Family Support	Dollar amount to be spent on Time Limited Reunification	Dollar amount to be spent on Adoption Promotion & Support	Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4)	Dollar amount from other sources	List the name(s) of the other funding source(s)	Total dollar amount to be spent on this Program (Sum of Columns E, F, G5)
A	B	C														
1	Differential Response	Infrastructure Cost (EBP/EIP only)	TEACH Inc./Healthy Beginnings			\$25,000	\$0		\$0	\$0	\$0	\$0	\$0	\$0		\$25,000
2	Nurturing Parenting Program	Direct Service	TEACH Inc./Healthy Beginnings			\$40,046	\$0		\$0	\$0	\$0	\$0	\$0	\$0		\$40,046
3	Prevention Collaborative Grants	Network Development	Medoc County Child Abuse Prevention Collaborative			\$0	\$10,211		\$0	\$0	\$0	\$0	\$0	\$0		\$10,211
4	Family Needs Program	Direct Service	Medoc County Department of Social Services			\$0	\$0		\$2,500	\$2,500	\$2,500	\$2,500	\$10,000	\$0		\$10,000
5						\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0		\$0
6						\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0		\$0
7						\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0		\$0
8						\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0		\$0
9						\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0		\$0
10						\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0		\$0
11						\$0	\$0		\$0	\$0	\$0	\$0	\$0	\$0		\$0
	Totals					\$65,046	\$10,211		\$2,500	\$2,500	\$2,500	\$2,500	\$10,000	\$0		\$85,257
									25%	25%	25%	25%	100%			

(2) YEARS:

Modoc

Rev. 8/2013